

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SJM		12/28/99
O.I.P.E. CLASSIFIER	MM		
FORMALITY REVIEW	0611		12/3/00
RESPONSE FORMALITY REVIEW			

## **INDEX OF CLAIMS**

✓ .....	Rejected	N .....	Non-elected
= .....	Allowed	I .....	Interference
— (Through numeral) ...	Canceled	A .....	Appeal
÷ .....	Restricted	O .....	Objected

Claim	Final	Original	Date
1		✓	
2		✓	
3		✓	
4		✓	
5		✓	
6		✓	
7		✓	
8		✓	
9		✓	
10		✓	
11		✓	
12		✓	
13		✓	
14		✓	
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26		✓	
27		✓	
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45	✓		
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Claim	Final Original	Date
		7/19/03
51	✓	
52	✓	
53	✓	
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If more than 150 claims or 10 actions  
staple additional sheet here

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